

LEGAL SERVICES SUPPORT TEAM ("LSST"), MCAS MIRAMAR
LEGAL ASSISTANCE OFFICE
(858) 577-1656

FOR OFFICE USE ONLY:

Date Received: _____
Received by: _____
Date Prepared: _____
Prepared by: _____

Conflict: YES NO
Office Index Number: _____
Reviewed by: _____
Attorney: _____

NOTE: THIS WORKSHEET ITSELF IS NOT A LEGAL DOCUMENT. ONCE YOU HAVE RETURNED THIS COMPLETED WORKSHEET TO OUR OFFICE, YOU WILL BE SCHEDULED AN APPOINTMENT AT WHICH YOU WILL SIGN THE DOCUMENT(S) CREATED FOR YOU BASED ON YOUR ANSWERS TO THE QUESTIONS IN THIS WORKSHEET. **IF YOUR SPOUSE WOULD LIKE ASSISTANCE, (S)HE WILL NEED TO FILL OUT A SEPARATE WORKSHEET.**

IF UPCOMING, WHAT IS YOUR DEPLOYMENT DATE? _____

APPOINTMENT

Date: _____ Time: _____

I will call (if I am unable speak to a clerk I will leave a voicemail including my phone number) to cancel the above appointment as soon as I know I will not be able to attend, but in no event less than 48 hours prior to the appointment. If I fail to: (i) arrive on time for my appointment; or (ii) timely cancel my appointment as set forth above, I may be allowed to reschedule my appointment. If, however, I violate the above policy a second time, my document(s) will not be prepared by this office.

Client's Signature: _____

WORKSHEET FOR A:

**WILL;
DURABLE POWER OF ATTORNEY FOR HEALTH CARE;
LIVING WILL;
SPRINGING GENERAL POWER OF ATTORNEY**

I. INFORMATION ABOUT YOU AND YOUR FAMILY

A. PERSONAL INFORMATION:

Name (First, Middle, Last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Current Address	City	State	Zip
Telephone:	(Work)	(Cell)	(Home)
(if applicable): Rank	Branch of Service	Command /Unit	EAS

1. State of Legal Residence (for military members it is most likely your home of record; for all others it is most likely CA. However, if you are here only to accompany a military family member, it may be your home state):_____.
2. Are you or your spouse a non-resident Alien? (circle “spouse” or “you” if applicable) ☐ Yes ☐ No
3. Do you currently have a will or living trust?* ☐ Yes ☐ No
 *If “Yes”, please bring the document(s) to your appointment
4. Estate Valuation. To determine certain issues relevant to your will, please fill out the following worksheet. Include the value of all property in your and (if applicable) your spouse’s name:

PERSONAL PROPERTY	
Type	Fair Market Value
Automobile(s) (include boats, aircraft)	
Household Furniture; dishes	
Jewelry, collections, art, computers, uniforms, etc.	
Other	
TOTAL:	

REAL ESTATE	
Type	Fair Market Value (NOT EQUITY)
Residence	
Other (e.g., land, rental property, second home)	
TOTAL:	

LIFE INSURANCE POLICIES	
Type	Amount
SGLI; Spouse SGLI; VGLI	
Employer-Provided Policy	
Other	
TOTAL:	

INVESTMENTS	
Type	Value
Stocks	
Thrift Savings Plan/401K	
Treasury/Mutual Bonds, Notes, and Bills	
Mutual Funds (e.g., IRAs)	
Other	
TOTAL:	

FINANCIAL ACCOUNTS	
Type	Balance
Checking	
Savings	
Security Deposits	
Other	
	TOTAL:

OTHER ASSETS	
Type	Fair Market Value
Closely Held Business	
Debts Others Owe You	
Retirement Benefits	
Retirement Plan(s)	
Other Assets (e.g., inheritance, lawsuit proceeds)	
	TOTAL:
	COMBINED ASSETS: (Add All "TOTALS" above)

LIABILITIES	
Type	Amount
Credit Card(s)	
Debts You Owe	
Vehicle Loan(s)	
Loan(s) on Life Insurance Policy	
Judgment(s) Against You	
Unpaid Taxes	
Other (do not include any mortgage)	
	TOTAL LIABILITIES:

NET ESTATE:
(COMBINED ASSETS minus TOTAL LIABILITIES)

B. FAMILY INFORMATION:

5. Check one box only:

☐ Married ☐ Divorced ☐ Separated/getting divorced ☐ Widowed ☐ Single, never previously married

6. Name of spouse (if applicable): _____

7. Name of former spouse (if applicable): _____

8. Your children (if any):

Full Name (First, Middle Initial, Last) (Indicate Whether Child is a Jr., I, II, etc.)	Sex M/F	Date of Birth	Full name of other parent (if not your current spouse)	Status B-biological A-Adopted S-Stepchild

9. If you don't have children, do you want your will to address *future* children you may have? ☐ Yes ☐ No

10. If you have any adopted child or grandchild, will (s)he be treated the same as your biological child or grandchild?
☐ Yes ☐ No

11. If you have any stepchild, or grand-stepchild will (s)he be treated the same as your biological child or grandchild?
☐ Yes ☐ No

II. HOW YOU WANT TO DISTRIBUTE YOUR ESTATE

A. **REAL ESTATE:** E.g., homes, condos, pieces of land, time shares. Do you own any real estate? ☐ Yes ☐ No
If you own real estate, **PLEASE BRING A COPY OF YOUR DEED(S)** to your will appointment. Real estate titled to co-owners in "Joint Tenancy" or "Community Property with Right of Survivorship" automatically passes to the surviving co-owner, regardless of what the deceased owner's will says. So if your real estate is titled as mentioned above, your real estate will not be mentioned in your will. If, however, your real estate is titled as "Tenancy in Common", or you are the sole owner, check **one** box below. (If you are unsure how your real estate is titled, check one box below):

(i) ☐ If I own any real estate upon my death, I give it all to: _____, if living;
otherwise to my child(ren equally). [enter "spouse" or name of other beneficiary]

(ii) ☐ If I own any real estate upon my death, I give it all to: _____ during
his/her lifetime, then to my child(ren equally). [enter "spouse" or name of other beneficiary]

(iii) ☐ I want any real estate to simply be divided amongst my will beneficiaries designated on page 6 (my "residuary estate" beneficiaries).

(iv) ☐ If I own any real estate upon my death, I give it to the person(s)/organization(s) listed on the next page.

Additionally (choose **only** if a real estate beneficiary is a child or grandchild of yours):

If any (gran)child dies before me, that deceased individual's share will:

☐ go to that child's children (*per stirpes* division)

OR

☐ be divided amongst my remaining living (gran)children, with nothing going to the deceased individual's children (*per capita* division)

Real Estate Beneficiary(ies) (use only if you checked box (iv) above, or if you have multiple pieces of real estate):

Full Name (First, Middle Initial, Last)	Relationship to You	Property Description/Address

Alternate Beneficiary(ies) (OPTIONAL, and only if you filled in the “Real Estate Beneficiary(ies)” field above): if the above beneficiary(ies) is/are deceased or defunct

Full Name (First, Middle Initial, Last)	Relationship to You	Property Description/Address

12. My will shall (check one only):

- ☐ Be silent regarding mortgages and similar liens
☐ State that mortgages and similar obligations will pass with the real estate to the person receiving the real estate (i.e., the person/entity receiving the real estate is responsible for any remaining debt on the real estate)
☐ State that real estate passes free of mortgages and similar liens to the person/entity receiving the real estate (your estate must be large enough to pay off the debt before any other bequests or gifts can be made)

B. SPECIFIC GIFTS (OPTIONAL): If you choose not to fill out this section, all your personal property and cash will be distributed to the beneficiaries set forth on page 6 (the “residuary estate” beneficiaries). Use this section only if you have cash or unique items, heirlooms, or personal effects that you want a certain individual or organization to have.

13. **Cash:** E.g., \$500 to child’s school; \$1,000 to Carlos Slim. **Note:** This is not where you name the person or people who will receive any part of your life insurance. Life insurance beneficiaries are NOT designated in your will (life insurance is addressed later). Also keep in mind: (i) if you make a cash gift, some of your property may have to be sold to satisfy the gift, which will reduce the amount of property given to your other beneficiaries; and (ii) any cash held in a joint account will not be subject to you will. This money will become the sole property of the surviving account holder.

Amount/source:	Beneficiary name/relation to you:	If Beneficiary has died/ceased to exist, then: <input type="checkbox"/> To Beneficiary’s heirs OR <input type="checkbox"/> Distribute Gift with the rest of my estate
Amount/source:	Beneficiary name/relation to you:	If Beneficiary has died/ceased to exist, then: <input type="checkbox"/> To Beneficiary’s heirs OR <input type="checkbox"/> Distribute Gift with the rest of my estate

14. **Personal Property:** E.g., ring to daughter; personal effects to spouse; 2014 Hyundai Accent to charitable organization

Description:	Beneficiary name/relation to you:
Description:	Beneficiary name/relation to you:
Description:	Beneficiary name/relation to you:

C. THE REST OF YOUR PROPERTY: After specific gifts of real estate, cash, and personal property have been made (if any), the person(s) and/or organization(s) you set forth below will receive the rest of your property (called your *residuary estate*). Your residuary estate is *all property not already disposed of above*. Your residuary estate may include household goods; proceeds from any checking or savings accounts where you failed to name a pay-on-death beneficiary; vehicles; real estate; and stocks and bonds owned solely by you. NOTE: if you exclude your spouse, applicable law may require you to give him/her a minimum share before your designated beneficiary(ies) get his/her/their portion(s).

Please check ONE of the following four boxes:

- (i) ☐ All to: _____, but if (s)he is deceased, then to my children in equal shares.
[enter "spouse" or name of other beneficiary]
- (ii) ☐ All to my child(ren in equal shares).
- (iii) ☐ All to: _____, but if (s)he is deceased, then to _____.
[enter "spouse" or name of other beneficiary] ["spouse" or name of other beneficiary]
- (iv) ☐ All to TWO OR MORE persons/entities listed as "Beneficiaries" in the box below.

Additionally (choose **only** if a beneficiary is a child or grandchild of yours):

If any (gran)child dies before me, that deceased individual's share will:

☐ go to that child's children (*per stirpes* division)

OR

☐ be divided amongst my remaining living (gran)children, with nothing going to the deceased individual's children (*per capita* division)

Beneficiaries (provide only if you checked (iv) above)

Full Name (First, Middle Initial, Last)	Relationship to You	Percentage (Must equal 100%)

Alternative Beneficiaries (OPTIONAL: if all beneficiaries designated above are deceased)

Full Name (First, Middle Initial, Last)	Relationship to You	Percentage (Must equal 100%)

D. MINORS/INCOMPETENTS: If a beneficiary who is not your child (your children are dealt with below) is an incompetent adult (e.g., mentally disabled) or a minor at your death, how do you want such person's inheritance handled?

- ☐ Give to beneficiary's parent, guardian, custodian or other legal representative, or to person with whom beneficiary lives
- ☐ Give to beneficiary (the inheritance may end up administered by the beneficiary's legal guardian or parent anyway)
- ☐ Defer distribution until beneficiary reaches age 18 (if incompetent, inheritance may still be handled by a guardian)
- ☐ No preference (your representative may choose any of the above options)

E. EXECUTOR/PERSONAL REPRESENTATIVE: Your *executor(s)* (or your *personal representative(s)*) is/are the person(s) you nominate to administer your estate upon your death. Your executor(s) must go to court, gather your assets, pay your debts, and distribute your estate in accordance with your wishes. Your executor(s) should be organized, reliable, trustworthy, **at least 18 years old, and (a) U.S. citizen(s) or Green Card holder(s).** You may name two co-executors (meaning they would have to agree on the decisions made) or one executor. You may name several alternates.

Executor(s)

Full Name (First, Middle Initial, Last)	Relationship to you
Co-Executor (optional)	Relationship to you

Alternate(s) (if the above-named executor(s) is/are unable to act as such)

Full Name (First, Middle Initial, Last)	Relationship to you
1.	
2.	

III. YOUR CHILDREN

A. GUARDIAN(S) OF THE PERSON (OPTIONAL): You may nominate a guardian or two co-guardians to care for any child of yours if upon your death, the child is a minor **and the child's other parent is deceased.** Called a *guardian of the person*, the individual(s) you nominate would have physical custody of, and would raise any minor child of yours which survives you and the child's other parent. Please speak to a Legal Assistance Marine if you are the guardian of an incompetent adult, or if you wish to nominate different guardians for different children. **Note:** The court might decide that it is in the child's best interest to appoint someone different from the person(s) you nominate below.

Guardian(s) of the Person

Full Name (First, Middle Initial, Last)	Relationship to you
Co-Guardian (optional)	Relationship to you

Alternate Guardian(s) of the Person (OPTIONAL: if the above-named guardian(s) are unable/unwilling to act)

Full Name (First, Middle Initial, Last)	Relationship to you
1.	
2.	
3.	
4.	

B. GUARDIAN(S) OF THE PROPERTY (OPTIONAL): If you have a minor child, or you want your adult child to reach a certain age before receiving his/her inheritance, you should establish either a Custodianship or Testamentary Trust by naming a custodian or trustee (or co-custodians/trustees) to hold and administer any property such child receives under your will (see explanations below). The person(s) you designate will also be the person who serves as the child's *guardian(s) of the property*, which is a person or persons who administer a minor's financial affairs and holds his/her property if the minor's other parent is deceased at the time of your death. Therefore, if the person(s) you choose as custodian(s)/trustee(s) is the child's other parent, your nominee for guardian of the property will be the person listed as the first alternate below. **Please speak to a Legal Assistance Marine if you wish to establish different ages and/or custodians/trustees for different children.**

i) Custodianship: The *custodian(s)* you designate will hold and manage the property of your child(ren) until (s)he/they reach(es) the age you have established, at which time your custodian(s) must turn all property over to the child(ren). Each state places a limit on the maximum age you may designate. For example, in California the maximum age is 25, though in your state it may be lower. If the age you designate exceeds the limit, the actual age applied will be the highest allowed by law. Before the designated age is reached, your custodian(s) may make payments as necessary for the child's maintenance, educational, and health expenses. While acting as custodian(s), the person(s) you designate must act ethically, abiding by the applicable state Transfers (or Gifts) to Minors Act.

ii) Testamentary Trust: With this option, a trust would be created upon your death, to hold the property for the benefit of the child(ren) in question. The trust would be administered with minimal court oversight by the *trustee(s)* you designate. Once the child(ren) attain(s) the age you have designated, the property would be turned over to him/her/them and the trust dissolved. This option allows you to establish whatever age you wish, but is more complicated and expensive.

14. I want any property left to my child(ren) to be held (check one box):

- ☐ In Custodianship
☐ In a Testamentary Trust which the trustee(s) may dissolve if it becomes uneconomical. **Furthermore**, I do ☐ do not ☐ wish to establish a separate trust for each child. I realize the cost is higher for multiple trusts, and that if I have multiple children and only one trust is used, the oldest child will have to wait until the youngest child reaches the age designated below before the oldest child receives free access to the property in the trust.

15. My child(ren) shall receive free access to his/her/their inheritance at age:

☐ 18 ☐ 21 ☐ 25 ☐ 31 ☐ 65 ☐ ____ (other: please write in the age)

16. The person(s) I want to serve as custodian(s)/trustee(s) are (check one box):

- ☐ The same individual(s) named as Guardian(s) of the Person on Page 7.
☐ The following individual(s):

Custodian(s)/Trustee(s)

Full Name (First, Middle Initial, Last)	Relationship to you
Co-custodian/trustee (optional)	Relationship to you

Alternate Custodian(s)/Trustee(s) (You must pick at least one alternate if you only chose one person above, AND that person is the child's other parent. Otherwise, selection of alternate(s) is optional.)

Full Name (First, Middle Initial, Last)	Relationship to you
1.	
2.	

IV. DISINHERITANCE; DISPOSITION OF REMAINS; LIFE INSURANCE

A. DISINHERITANCE: Disinheritance allows you to exclude family members, potentially even your current spouse, from receiving any benefit from your will. Most State laws prohibit a person from completely disinheriting a spouse and allow that spouse to take an “elective share”.

- (a) Do you wish to disinherit (exclude) a family member? ☐ Yes ☐ No
If you answered “Yes”, please provide the following:

Full Name (First, Middle Initial, Last)	Relationship to you

B. MILITARY STATUS: If your Will shall mention your military affiliation, please check one of the following boxes:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> Active Duty Spouse | <input type="checkbox"/> Active Duty Dependent |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Spouse of Retired | <input type="checkbox"/> Dependent of Retired |

C. DISPOSITION OF REMAINS:

17. Funeral: ☐ Cremation ☐ Burial following cremation ☐ Burial at Sea ☐ Donate my body to science
☐ Burial at _____ (cemetery/location, or “no preference”)
18. With full military honors? (if applicable): ☐ Yes ☐ No

THIS ENDS THE WILL PORTION OF THE WORKSHEET. IF YOU WOULD ALSO LIKE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND/OR A “LIVING WILL”, AND/OR A SPRINGING DURABLE GENERAL POWER OF ATTORNEY, PLEASE COMPLETE THE NEXT TWO PAGES, AS APPLICABLE.

****AN IMPORTANT NOTE REGARDING LIFE INSURANCE****

Any SGLI or other life insurance benefits you may have will pass directly to the beneficiaries designated in your policy **without regard to your will**. Therefore, life insurance is not mentioned in your will.

Minors: You need be aware that since minors cannot receive life insurance proceeds directly, if you wish to leave life insurance proceeds to a minor, you need to do so by inserting one of the two language examples below into your policy’s beneficiary designation form. **The Legal Assistance Office cannot modify any life insurance policy. It is your responsibility to ensure that any policy naming a minor uses the proper language.**

- a.)** If you chose Custodianship (on the previous page):

“[Name of adult] as Custodian for [each of] my [children/Name of Child], pursuant to the applicable Transfers/Gifts to Minors Act, with distribution to [each/the] minor when [such minor/(s)he] reaches the lesser of: (i) [desired age] and (ii) the maximum age allowed by law.”

- b.)** If you chose Testamentary trust (on the previous page):

“[Name of Trustee(s)] as Trustee(s) of that certain Testamentary Trust created pursuant to my Will for the benefit of my [name of minor(s)].”

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

If you are in a health situation in which medical decisions need to be made for you, and you have not designated anyone to make such decisions, it is possible that a court would need to designate someone, and this can be very inconvenient and expensive for your family.

A *durable power of attorney for health care* is a document in which you designate an agent or agents to make medical-related decisions for you in the event that you are incapacitated or otherwise too sick to make such decisions for yourself. This type of power of attorney is called “durable”, because unlike a traditional power of attorney, your agent(s) can still make medical decisions for you though you are incapacitated.

The person(s) you authorize as your agent(s) may make a wide range of medical decisions on your behalf, including, in some states, the termination of life support. It also gives your agent(s) access to your medical information and authority to fully participate with your treating physicians with respect to the care provided to you. Accordingly, any person you designate to be your agent should be someone you trust with life and death decisions.

--If you would like a durable power of attorney for health care, please answer the questions on this page--

A. AGENT DESIGNATION: How do you want to designate your health care agent(s)? Regardless of the option you check below, you may write-in one or more alternate for your agent(s) under the “Alternate Health Care Agent(s)” field.

- ☐ One agent
- ☐ Two co-agents who must agree on any decision, unless one is incapacitated (in which case the other would act)
- ☐ Two agents who may act independently of each other

Health Care Agent(s)

Full Name (First, M.I., Last)	Relationship to you	Address (write “same as mine” if applicable) & Telephone
Additional Agent/Co-Agent (optional)	Relationship to you	Address & Telephone

Alternate Health Care Agent(s) (OPTIONAL: if the above-named individual(s) is/are unable/unwilling to act)

Full Name (First, M.I., Last)	Relationship to you	Address & Telephone
1.		
2.		
3.		

B. ORGAN DONATION:

1. Do you wish to authorize the donation of your organs or tissues *for transplantation only*? ☐ Yes ☐ No
2. Do you wish to authorize the donation of your organs or tissue for *any* medical, educational, and/or scientific purposes, including transplantation (in which case your family may not receive your body for burial)? ☐ Yes ☐ No

C. PLACE OF DEATH: When you are near death, do you prefer to die at home instead of in the hospital (if possible)?
☐ Yes ☐ No preference

LIVING WILL

A “living will” does not form part of your will, and should not be confused with a living trust. A *living will* is a document stating that should you become unable to communicate with others because you are terminally ill, are in a persistent vegetative state, or are otherwise unconscious (and it is reasonable to believe that you will not recover), you want your doctors to withdraw medical treatment and allow you to die.

1. Do you want a living will? ☐ Yes ☐ No
2. [Females only]: if you chose “yes”, do you want to limit the power of your living will during any pregnancy, such that no medical actions may occur which would adversely impact the viability of the fetus? ☐ Yes ☐ No

SPRINGING DURABLE GENERAL POWER OF ATTORNEY

If you should become incapacitated for any reason, whether through illness or accident, or if a court revokes your legal right to manage your own money, whoever decides to try to handle your affairs, including your spouse, may need to go to court to have you declared incompetent. To avoid this, you can appoint someone now to act as your agent under such a situation through a springing durable general power of attorney. This power of attorney is called “springing”, because it will not take effect unless you become incapacitated, at which point it “springs” to life. You must name someone who you trust. **This is because the person you name will have the same control over your affairs and property as you would have.**

--If you would like a springing durable general power of attorney, please answer the questions below--

1. How do you want to designate your agent(s)? Regardless of the option you check below, you may write-in one or more alternate for your agent(s) under the “Alternate Agent(s)” field.

- ☐ The person(s) I designated on the previous page for my durable power of attorney for health care (if applicable)
- ☐ One agent
- ☐ Two co-agents who must agree on any decision, unless one is incapacitated (in which case the other would act)
- ☐ Two agents who may act independently of each other

Agent(s)

Full Name (First, M.I., Last)	Relationship to you	Address (write “same as mine” if applicable) & Telephone
Additional Agent/Co-Agent, (optional)	Relationship to you	Address & Telephone

Alternate Agent(s) (OPTIONAL: if the above-named individual(s) is/are unable/unwilling to act)

Full Name (First, M.I., Last)	Relationship to you	Address & Telephone
1.		
2.		
3.		

2. If you are unable to take care of yourself and a court needs to appoint a guardian or conservator to take care of you, do you want the court to appoint the agent(s) named above as your guardian(s) or conservator(s)? ☐ Yes ☐ No